

Integrated Front Door Referral Form

Please send this form, or any queries, to MASH@Wiltshire.gov.uk If you are unsure whether a referral is appropriate, or need advice, please call us on 03004560108 to discuss. In accordance with GDPR, if this referral does not meet threshold to be accepted, this referral will *not be retained* by Children's Services.

Is this a referral for:

Safeguarding Young Carers Disabilities and Occupational Therapy SWIFT

- If there are no safeguarding concerns and you would instead like to start a new Early Support Assessment, or ask for help and support with an existing ESA, **please do not complete this form**, and instead contact the Early Intervention Advisors on 0300 4560108 or ESA@wiltshire.gov.uk
- Please complete and return this form in this format if possible. We will not accept handwritten or printed/scanned referrals. Please double-click on checkboxes to change their value.

About you (referrer)

Date of this Notification		Telephone	
Name		Email	
Role & Relationship to young person		When available	
Address		IFD Consultation reference (if applicable)	
Please give an alternative name of who to contact in case you (the referrer) are unavailable			
If you would like the outcome to be sent to someone other than yourself (such as a team email or supervisor) please add their email address here			

About the child

Surname		Main Address	
First Name			
Date of Birth		Current Address if different	
Gender			
Ethnicity		Disability	

Landline telephone		Mobile telephone	
Religion		Nationality	
First Language		Communication Needs	

Other children to be included in the concern:

	Sibling 1	Sibling 2	Sibling 3
Full name			
Gender			
Date of birth			
Address			
Ethnicity			

(Please add columns or continue on a separate sheet if necessary)

Children's parents / carers:

If the carer is not a parent, please include in the relationship any legal factors, such as Special Guardianship

	Carer 1	Parental <input type="checkbox"/> Responsibility	Carer 2	Parental <input type="checkbox"/> Responsibility
Name				
Relationship				
Date of birth				
Address				
Gender				
Telephone (compulsory)				
Email				

Please include details of other relevant people, such as those who share care of these children, adult siblings at the same address, or people outside the household who pose a risk to the children:

Consent

The person with Parental Responsibility should be informed this referral is being made and why, unless doing so would put the child at risk of significant harm.

THIS DEPARTMENT WILL NOT ACCEPT REFERRALS WHICH DO NOT HAVE PARENTAL KNOWLEDGE UNLESS THERE ARE CLEAR RISKS TO THE CHILD FOR NOT DOING SO.

Discussed with	Relationship to child	Do they have Parental Responsibility?	Did they consent to an IFD referral?	Did they consent to IFD contacting other agencies?

Please describe how this person(s) responded to an IFD referral being made, or why you have been unable to obtain consent. **If you feel that gaining consent would increase risk, please call us to discuss.**

If appropriate, is the child aware of the referral and what are their feelings about this? What were their feelings about parents / carers being spoken to?

Details of concerns and needs

Why are you worried or requesting support for this family? Consider:

- Specific details of **current or recent** behaviours of the child or carers, and their frequency and severity
- Needs that are not being met, and carers' capacity to meet these needs
- Evidence and observations that support these concerns
- Specific allegations made by the child and visible injuries

What is the impact on the child and family? Consider:

- Short, medium and long-term effects if the situation does not change
- Is the child's physical, mental or emotional health affected? Does (or will) this affect their medical needs, SEN, behaviour or attachment?
- What is life like for the child? What has the child said about this?

Details of relevant history: Consider:

- What previous events / concerns have a direct bearing on the current situation?
- Do previous events demonstrate a pattern of concern or unmet need?
- Are you aware of concerns that occurred in other counties or other countries?
- Please do not include histories of past Wiltshire Social Care involvement, or past concerns that are not connected

What support / strengths are already in place? Consider:

- What immediate actions have you taken, and what else do you plan to do?
- What agencies / professionals have been involved? Please include names and contact details
- What has the outcome been of this support or, if ongoing, what is the outcome likely to be?
- What barriers have there been to this support being effective?
- What is working well? What strengths are there in the family?
- Has an Early Support Assessment been completed? If so, what was the outcome? If not, why not?

What outcome are you requesting from this referral?

- Advice to parents / guardians and professionals, and signposting to appropriate agencies
- Early Support Assessment, led by a Lead Professional outside of Social Care, with regular Team Around the Child meetings
- Support Assessment completed by a Family Keyworker to offer Early Help where this cannot be provided by partner agencies
- Single Assessment or Strategy Discussion to ascertain if long-term Social Care involvement is needed
- I have a safeguarding concern but I do not know what the outcome should be

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- Occupational Therapy support or alterations to a property
 - Children and Young People with Disabilities support, including support with funding and respite care
 - Involvement from SWIFT policing team
 - Young Carer support for one or more young people who have caring responsibilities or are impacted by the needs of someone in their household
 - Other: _____

Please give reasons for this outcome:

Additional information

Please note what additional documents you are sending along with this referral. It may be appropriate to share:

- A body map showing any visible injuries
- Relevant, non-intimate photographs of an injury with the consent of the child or someone with PR
- ESA documents with consent to share them
- Photographs of the property that evidence concern